FEC FORM

STATEMENT OF ORGANIZATION

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			Cilic	e Ose Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	Ā
Re-Elect Packwoo	od Committee			
	1 1 1 1 1 1 1 1 1 1	1111111		
ADDRESS (number and street)	4600 East-West	t Highway I I I		
(Check if address is changed)	Suite 900 Bethesda		MD 20	814
	C	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)				
(Check if address is changed)	brown@bbcpa.co	om 		
COMMITTEE'S WEB PAGE ADDRESS (URL)				
(Check if address is changed)				
2. DATE 09 28 2011				
3. FEC IDENTIFICATION NUMBER C 000142943				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Treasurer	Geoffrey Brow	m		
Signature of Treasurer	Affi	<u></u>	Date 09	28 2011
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
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TYPE OF COMMITTEE

(1) (2) (3) (4)

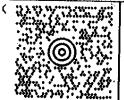
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1 OF 1 /

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